

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 539.3113.1
Application Number 10/691,859		Filed October 23, 2003
For MEDICAL LEAD AND METHOD		
Art Unit 3762		Examiner Alyssa M. Alter
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ _____
<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$460	\$225 \$ <u>460.00</u>
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510 \$ _____
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____
<input type="checkbox"/> Five month (37 CFR 1.17(a)(1))	\$2160	\$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to credit any overpayment, to Deposit Account Number <u>061910</u> . WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		
<input type="checkbox"/>	applicant/inventor.	
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR. 3.71.	
<input checked="" type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>50,751</u> .	
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	
	Registration number if acting under 37 CFR 1.34 _____	
_____ /Elisabeth Lacy Belden/ Signature		_____ October 24, 2007 Date
_____ Elisabeth Lacy Belden Typed or printed name		_____ 612-492-7000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required. See below.		
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.		